

REQUEST FOR CERTIFICATION OF KANSAS REAL ESTATE LICENSE

DATE OF REQUEST: _____

LICENSE #: _____

FULL NAME (as it appears on your license): _____

RESIDENCE ADDRESS: _____
Street City State ZipCode

PHONE NUMBER _____

COMPANY NAME (as it appears on your license): _____

COMPANY ADDRESS: _____
Street City State ZipCode

Reason for the requested certification: ☐ Licensure in another state
Indicate state: _____
☐ Other (explain): _____

Mail certification to:

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Return the completed form and fee (\$10 for each certification requested) to: Kansas Real Estate Commission, Three Townsite Plaza, Suite 200, 120 SE 6th Ave., Topeka, KS 66603-3511.

Should you have any questions, please contact Jenny Powell at the Commission office at (785) 296-3411 or e-mail her at: jenny.powell@krec.state.ks.us.

FOR COMMISSION USE ONLY

Certification Fee: \$ _____

Deposit Date: _____